

Notice No.: COMP-2024-030 Issue Date: 26 December 2024

Subject: Quarterly Clients' Funds Segregation Report for SCA Licensed Broker Members

Notice to all Broker Members,

Subject: Quarterly Clients' Funds Segregation Report for SCA Licensed Broker Members

In pursuance of DGCX By-Laws, DCCC Clearing Rules and SCA requirements, all Broker Members holding a valid regulatory license, except international members who have an exemption from SCA, are required to submit to DGCX a quarterly Clients' Funds Segregation Report in the format specified in Annex A. This must be submitted to DGCX within 10 business days from the end of each quarter through the assigned email address compliance@dgcx.ae . The report must be checked and verified by the Compliance Officer.

Therefore, Broker Members are required to submit the Clients' Funds Segregation Report for the fourth quarter of 2024 (as of 31 December 2024) within 10 business days from the end of December 2024 ("Deadline"). Furthermore, Broker Members should note that in the event that the Clients' Funds Segregation Report is not submitted by the stipulated Deadline, DGCX reserves the right to take such action against the Member as is deemed appropriate.

For Dubai Gold & Commodities Exchange

Maggie Mansour **Compliance Director**

ANNEX-A: STATEMENT OF RECONCILIATION OF CLIENTS' CREDIT BALANCES WITH THEIR CASH BALANCES WITH COMMODITIES BROKERAGE FIRMS

(Should be printed on Member's letterhead)

Particulars		Amount	Amount
		in AED	in USD
Clients' Balance as per Statement of Accounts	(1)		
Clients' Balance with Brokerage Firm in Bank	(2)		
Clients' Balance in Brokerage Firm's Bank A/c No. (1234) with XYZ			
Bank			
Clients' Balance in Brokerage Firm's Bank A/c No. (5678) with ABC			
Bank			
Clients' Funds with DCCC/Clearing member	(3)		
Cash (after haircut)			
Non-Cash (after haircut)			
Clients' Balance with Brokerage Firm in Bank and DCCC (2+3)	(4)		
Shortfall/Excess (4-1)			
Note - Please clarify the reason for shortfall/excess in the Clients' fun	ds.		

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Compliance Officer
Name:
Signature:
Date: